

Case Number:	CM14-0037530		
Date Assigned:	06/25/2014	Date of Injury:	04/20/2012
Decision Date:	07/23/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/28/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 52-year-old female who was injured on April 20, 2012. The medical records provided for review document current complaints of neck pain with radiating bilateral upper extremity complaints. Electrodiagnostic study report of December 12, 2013 identified bilateral median nerve entrapment at the wrist consistent with carpal tunnel syndrome. The follow-up report of December 27, 2013 noted continued complaints of numbness in the hands. Physical examination showed a positive Tinel's and Phalen's testing bilaterally. The claimant was diagnosed with carpal tunnel syndrome of the bilateral wrists. On February 14, 2014, after failed conservative care, the recommendation was made for bilateral carpal tunnel release procedures.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Surgery: Bilateral CT Release: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, 270.

Decision rationale: Based on California ACOEM Guidelines, the recommendation for carpal tunnel release bilaterally would be supported. The records document that the claimant has

positive electrodiagnostic studies that correlate with examination findings and has failed to improve with conservative measures. The role of operative intervention for the bilateral carpal tunnel diagnosis would be indicated as medically necessary.

Pre-op Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: California ACOEM Guidelines do not support the request for preoperative medical clearance. While this individual is a reasonable candidate for carpal tunnel surgery, the medical records do not document any indication for medical clearance due to significant underlying comorbid factors or problems with anesthesia that would be utilized with the procedure. Request in this case would not be indicated as medically necessary.

12 sessions of Post-op Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The CA MTUS Postsurgical Rehabilitative Guidelines would not support twelve sessions of postoperative therapy. While this individual is to undergo carpal tunnel release, the Postsurgical Guidelines recommend from three to eight sessions of physical therapy in the postoperative setting. The request for twelve sessions would exceed the Postsurgical Guidelines and cannot be recommended as medically necessary.